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SUBJECT: WHO: 58TH WORLD HEALTH ASSEMBLY: WHO TECHNICAL
BRIEFING ON STRENGTHENING PANDEMIC INFLUENZA PREPAREDNESS
AND RESPONSE

1. The Global Health Security Action Initiative (GHSI) and the WHO Secretariat hosted a technical briefing on pandemic influenza preparedness and response at the 58th World Health Assembly on May 18 2005. Formal presentations included Dr. Guenael Rodier, Director, Department of Communicable Disease Surveillance and Response (CSR)/WHO; Dr. Richard Nesbit, Director, Programme Management, WHO Regional Office for the Western Pacific (WPRO); Dr. Klaus Stohr, Coordinator, WHO Global Influenza Programme; Dr. Ungchusak Kumnuan, Director, Bureau of Epidemiology, Department of Disease Control, Ministry of Health, Kingdom of Thailand; Dr. Bruce Gellin, Director, National Vaccine Program Office, U.S. Department of Health and Human Services; and Dr. David Salisbury, Principal Medical Officer, Department of Health of the United Kingdom for the GHSI. Representatives of national delegations to the WHA, WHO staff, and the public attended the briefing.

2. The general theme of the briefing was that, while the timing is unpredictable, experts are certain that a new influenza pandemic will occur in the foreseeable future. The assembled experts at the briefing emphasized that, because of a pandemic's inherent threat to public health, the probability of significant economic and social disruption, and the predictability that countries will be unable to control a pandemic within their borders once it starts, all countries need to have and exercise influenza pandemic response and contingency plans in anticipation of a pandemic's emergence. According to the presentations, national health authorities should base these plans on sound science, and use culturally and socially acceptable public health practices, and fit within the constraints of resources available to a country, and these plans should form the basis of a national pandemic strategy. The experts underlined that both plans and strategies should have a focus on preparedness action, including strengthening national influenza diagnostic capability, improving practices in hospital care and patient management, expanding the ability to detect influenza cases through epidemiological surveillance, and timely as well as transparent reporting of human and avian influenza cases.

3. A general consensus emerged among presenters that the H5N1 strain of highly pathogenic avian influenza, as a risk factor for a pandemic emergence, is now entrenched in wild life and silent reservoirs in East and South East Asia. Control of the virus will require improved communications and cooperation between Ministries of Health and Ministries of Agriculture in the affected countries to improve the detection of avian influenza cases in animals and develop an accurate interpretation of their significance to public health. The group also concluded that control will need to include such activities as improved biosecurity practices for poultry, protecting agricultural workers from avian influenza virus exposure, and promoting food safety practices to prevent the transmission of the virus to humans from chicken, duck and goose blood or uncooked flesh. (NOTE: Scientists believe proper cooking of fowl kills the virus; therefore eating cooked chickens, ducks and geese does not present a risk. END NOTE.)

4. The experts urged all countries to strengthen their political commitment to influenza pandemic preparedness and planning, at the national level. The presenters emphasized that it is the investment in preparedness now, nationally, regionally and globally, that countries make in themselves that will mitigate the effects of a pandemic when it strikes.
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